

FEB 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4765

1. PLACE OF DEATH

County Webster
Township East Benton
City (No. 2)Registration District No. 898
Primary Registration District No. 6203File No.
Registered No. 1 St. Ward

2. FULL NAME

Nancy C. Denny
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Denny
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1835
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)13. NAME Thomas Wright14. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)15. MAIDEN NAME Hill16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)17. INFORMANT W. L. Denny
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carter Care DATE Jan 3 193719. UNDERTAKER Kelley, J. J.
(ADDRESS) Seymour, Mo.20. FILED 7-8 1937 Lester W. Good
D. M. G. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-1 193722. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936, to 12-31 1936I last saw her alive on 12-31 1936. Death is saidto have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset
and old ageOther contributory causes of importance: 100Name of operation X Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injuryNature of injury24. Was disease or injury in any way related to occupation of deceased?If so, specify(Signed) Dr. N. G. Kalthier(Address) Seymour, Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2

202-19-36

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